

Parent Request for Consultation

Lincoln-Way Area Special Education Parent Lab

Submit all requests to Judy Boyens via .pdf or fax

Email parentlab@LWASE843.org Fax 815.485.3246

Your Name _____

Phone Number _____

Student's Name _____

Today's Date _____

Date of Birth _____

School _____

Teacher _____

Grade _____

Program _____
(as listed in IEP)

Resident District _____

Eligibility _____

Has the teacher been notified of this request? Y / N

Teachers Name

Concerns:

- | | | |
|--|---|--|
| <input type="checkbox"/> Homework Completion | <input type="checkbox"/> Compliance | <input type="checkbox"/> Sibling Relationships |
| <input type="checkbox"/> Family Routines | <input type="checkbox"/> Emotional Distress | <input type="checkbox"/> Parent Relationships |
| <input type="checkbox"/> Anxiety | <input type="checkbox"/> Stress Management | <input type="checkbox"/> Difficulty with Transitions |
| <input type="checkbox"/> Tantrums | <input type="checkbox"/> Following Directions | <input type="checkbox"/> Bedtime Routines |
| <input type="checkbox"/> Meal Routines | <input type="checkbox"/> OTHER _____ | |

Parenting Strategies:

- | | Effective | Ineffective | | Effective | Ineffective |
|---|--------------------------|--------------------------|---|--------------------------|--------------------------|
| <input type="checkbox"/> access to preferred objects/activities | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> taking away preferred objects/activities | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> good behavior chart | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> time outs | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> structured rules | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> choices offered | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> verbal/nonverbal praise | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> requiring non-preferred activities | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> verbal reprimands | | | <input type="checkbox"/> OTHER _____ | | |
| <input type="checkbox"/> OTHER _____ | | | <input type="checkbox"/> OTHER _____ | | |

Please provide a brief description of your concern about your child:
